

Audits Branch - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

August 25, 2009

Wayne W. Clark, Ph.D., Director Monterey County Mental Health 1270 Natividad Road, Room 200 Salinas, CA 93906-3198

Dear Dr. Clark:

Federal Share of

AUDIT REPORT - MONTEREY COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Monterey County Mental Health Services for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

Net Program Costs

The effect of this revised allowable program costs is as follows:

Settled Allowed Adjustment Federal Share of Short-Doyle/Medi-Cal \$12,714,671 \$12,291,486 \$ (423,185)

Healthy Families	\$ 0	\$ 230,833	\$ 230,833

State General Funds
EPSDT Due State \$ 4,162,091 \$ 4,042,568 \$(119,523)

Wayne W. Clark, Ph.D., Director August 25, 2009 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

. WALTER J. HILL, JR., MBA, EA

Chief of Audits

TONY GAAN, Supervisor

Audits Branch - Bay & Central Region

Enclosures

CERTIFIED MAIL

MONTEREY COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2005

			As Settled	Audit Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL					
PROGRAM COSTS					
TROGRAM COSTS					
COUNTY PROVIDERS					
MEDI-CAL - FFP	(Sch. 2a)	S	8,183,587 \$	(357,585) \$	7,826,002
HEALTHY FAMILIES - FFP	(Sch. 2a)	•	0,105,507	197,515	197,515
TOTAL FFP - COUNTY PROVIDERS	(5011. 24)	s ⁻	8,183,587		8,023,517
		_	· · · · ·		
CONTRACT PROVIDERS					
MEDI-CAL - FFP	(Sch. 3b)	\$	4,531,084	(65,600) \$	4,465,484
HEALTHY FAMILIES - FFP	(Sch. 3b)		0_	33,318	33,318
TOTAL FFP - COTRACT PROVIDERS		\$	4,531,084	(32,282) \$	4,498,802
TOTAL FFP - COUNTY PLUS CONTRACT	PROVIDERS				
MEDI-CAL - FFP		\$	12,714,671	(423,185) \$	12,291,486
HEALTHY FAMILIES - FFP			0	230,833	230,833
TOTAL FFP - COUNTY PLUS CONTRACT	PROVIDERS	s_	12,714,671	(192,351) \$	12,522,320
		-			
SUMMARY OF STATE GENERAL FUNDS					
EPSDT - SGF	(Sch 4)	_	4,162,091	(119,523) \$	4,042,568

Note:

The As Settled amount includes a refund of \$352 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 104)

MONTEREY COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL

<u>co.</u>	DIVIT OF BRIGIDS TESTING					4 414		
						Audit		
			_	As Settled_	-	Adjustments	_	As Audited
	al Medi-Cal Gross Reimbursement	() 477 40 40 T	_		_		_	_
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$		\$	0	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		12,849,689		(469,629)		12,380,060
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		63,616		63,616
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	0		271,586		271,586
9.	Total		\$ =	12,849,689	. \$ <u>.</u>	(134,427)	\$ =	12,715,262
Les	s: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		34,076		0		34,076
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18.		(· · · · · · · , _ · · · ,	\$ _	34,076	\$	0	\$_	34,076
Me	di-Cal Net Reimbursement for Direct Services							
	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	•	12,815,613	-	(406,013)	-	12,409,600
21.		(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.	,	(Ln 7 - Ln 16)		0		0		0
24.	· ·	(Ln 8 - Ln 17)		0		271,586		271,586
	Total	(En o - En 17)	s -	12,815,613	- s	(134,427)	- s -	12,681,186
23.			=	12,013,013	= *:	(151,127)	= =	12,007,100
	di-Cal MAA Reimbursement							
	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$		\$	0
	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		136,436		(136,436))	0
	Service Functions 21-19	(MH1979, Ln 13, Col. A)	_	0	_	0		0
29.	Total		\$ _	136,436	= \$	(136,436)	\$ _	0

MONTEREY COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL					Audit	
,			As Settled		Adjustments	As Audited
Amount Negotiated Rates Exceed Cost					-	
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0	0
36. Total		\$_	0	\$	0 \$	0
Medi-Cal Administrative Reimbursement						
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	3,286,779	\$	(81,361) \$	3,205,418
38. Medi-Cal Administration	(MH 1979, Ln 5)	s —	2,666,738		129,172 \$	2,795,910
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	2,666,738		129,172 \$	2,795,910
Healthy Familias Administrative Daimburgament						
Healthy Families Administrative Reimbursement 40. Healthy Families Administrative Reimbursement Lim	: (MU1070 In 9)	\$	0	e	22 204 C	32,284
41. Healthy Families Administrative Reimbursement Lim	и (МН1979, Ln 8) (МН1979, Ln 9)	<u>,</u> –	0		32,284 \$	
,		*_	0	- \$ \$	61,021 \$ 32,284 \$	61,021
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	₂ =		= =	32,284 \$	32,284
Utilization Review Reimbursement	•					
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ _	498,925	. \$.	(231,326) \$	267,599
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ =	0	- \$	26,010 \$	26,010
Net SD/MC Reimbursement - FFP						
45. Direct Services	(MH1979, Ln 16,16A)	\$	6,407,806	\$	(234,814) \$	6,172,992
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		41,351	41,351
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0	0
48 MAA	(MH 1979, Ln 11, 12 & 1	3)	68,218		(68,218)	0
49. Administrative Reimbursement	(MH1979, Ln 6)	•	1,333,369		64,586	1,397,955
50. U.R. Skilled Professional	(MH1979, Ln 14)		374,194		(173,494)	200,699
51. U.R. Other	(MH1979, Ln 15)		0		13,005	13,005
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0	0
53. Subtotal- FFP	, ,	\$ <u></u>	8,183,587	\$	(357,584) \$	7,826,002
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0 \$	0
55. Quality Assurance Review Results	(Adj #)	Ψ_	0		0	0
56 Total CD/MC Point account PED		σ.	0 102 507	_ _	(357.594) #	7.834.003
56. Total SD/MC Reimbursement - FFP		» =	8,183,587	= »	(357,584)	7,826,002
Net Healthy Families Reimbursement - FFP		_			.=	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	0			
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0	0
59. Administrative Reimbursement	(MH1979, Ln 10)		0	_	20,985	20,985
60. Total Healthy Families Reimbursement - FFP		\$ _	0	= \$	197,515	197,515
61. Total - FFP (Ln 56 + Ln 60)		\$_	8,183,587	_ \$	(160,069) \$	8,023,517
		=		_		(To Sch. 1)

MONTEREY COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity		9	(1) Medi-Cal and Crossover Gross Reimb.	(2) Enhanced - Children Gross Reimb.	(3) Enhanced - Refugees Gross Reimb.	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Reimb.	(6) Medi-Cal and Crossover Gross Reimb.	(7) Enhanced - Children Gross Reimb.	(8) Enhanced - Refugees Gross Reimb.	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Reimb.
Number	Legal Entity	Г	Gross Reinig.	N P		N 3	TOTAL STREET	THE RESIDENCE OF THE PARTY OF T		P A T	ENT	Gross (terring)
ITGITIDE	Ecqui Chaty	L	(MH 1968,	(MH 1968,	(MH 1968	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968	(Col. 6 to 8)	(MH 1968.
			Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	(00). 1 10 0)	Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	(COI. O 10 0)	Ln 27, 27A)
			613, 3A, 10,10A)	Ell 10, 10A)	CI1 22)		C(12/, 2///)	E11 5, 5M, 10, 10M)	Eli To, Tony	C/1 22)		LI121, 21A)
00127	Interim. Inc.	\$	0 \$	0 \$	0 \$	0 \$	0 \$	3,695,791 \$	655 \$	0 \$	3,696,446 \$	0
00128	Unity Care Group	\$	0 \$	0 \$	0 \$	0 s	0 \$		0 \$	0 \$	2,637,717 \$	
00129	Natividad Medical Center	\$	996,678 \$	0 \$	0 \$	996,678 \$	0 \$		0 \$	0 \$	0 \$	
00255	Odd Fellow-Rebekah	\$	0 \$	0 \$	0 \$	0 \$	0 \$	137,071 \$	0 \$	0 \$	137,071 \$	0
00273	Edgewood Center	\$	0 \$	0 \$	0 \$	0 \$	0 \$	259,135 \$	0 \$	0 \$	259,135 \$	0
00275	Youth Connecting of Ventura	\$	0 \$	D \$	0 \$	0 \$	0 \$	104,769 \$	0 \$	0 \$	104,769 \$	0
00386	Milhous Children's Services	\$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	43,167 \$	
00457	Sunnyhills Children's	\$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	90,997 \$	
00461	Summitview Child	\$	0 \$	0 \$	0 \$	0 \$	D \$		0 \$	0 \$	34,396 \$	
00484	North Valley Schools	\$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	24,496 \$	
00541	Charis Youth Center	\$	D \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	30,810 \$	
00594	Community Human Services	\$	0 \$	0 \$	0 \$	0 \$	0 \$		1,642 \$	0 \$	349,039 \$	
00595	Family Services of Pajaro	\$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	120 \$	0
00596	Kinship Center	5	0 \$	0 \$	0 \$	0 \$	0 \$		14,989 \$	0 \$	484,989 \$	0
01164	Redwood Children's	5	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	35,944 \$	
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G	RAND TOTAL	\$_	996,678 \$	0 \$	0 \$	996,678 \$	0 \$	7,911,810 \$	17,286 \$	0 \$	7,929,096 \$	51,258

MONTEREY COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

Legal			(11) Total Revenue	(12) Healthy Families	(13) Total Revenue	(14) Healthy Families		(15) Total Net Cost	(16) Net Cost	(17) Total Net Cost	(18) Net Cost	(19) Total MAA
Entity			(Excl. HFP)	Revenue	(Excl. HFP)	Revenue		(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
<u>Number</u>	<u>Legal Entity</u>			TIENT		ATIENT] [TIENT		ATIENT	Reimbursement
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,		(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)						Ln 11-13)
00127	Interim, Inc.	œ	0	\$ 0	\$ 0	¢ n	\$	0 \$	0	\$ 3,696,446	\$ 0.5	. 0
	Unity Care Group	3					\$	0 \$				
	Natividad Medical Center	\$	-				\$	996,678 \$				
	Odd Fellow-Rebekah	Š		•	•	\$ 0		0 \$				
	Edgewood Center	\$	o .	\$ 0	\$ 0	\$ 0	\$	0 \$	Ō			0
	Youth Connecting of Ventura	\$	ō.	\$ 0	\$ 0	\$ 0	\$	0 \$	0			Ō
	Milhous Children's Services	\$	0	\$ 0	\$ 0	\$ 0	\$	0 \$	0	\$ 43,167	\$ 0.5	ō
00457	Sunnyhills Children's	\$	0	\$ 0	\$ 0	\$ 0	\$	0 \$	0	\$ 90,997	\$ 0 \$	0
00461	Summitview Child	\$	0	\$ 0	\$ 0	\$ 0	\$	0 \$	0	\$ 34,396	\$ 0 \$	0
00484	North Valley Schools	\$	0	\$ 0	\$ 0	\$ 0	\$	0 \$	0	\$ 24,496	\$ 0 \$	0
00541	Charis Youth Center	\$	0	\$ 0	\$ 0	\$ 0		0 \$	0			
00594	Community Human Services	\$	0 :	\$ 0	\$. 0	\$ 0		0 \$	0		\$ 0 \$	0
00595	Family Services of Pajaro	\$	0 :	\$ 0	\$ 0		\$	0 \$			\$ 0 \$	-
00596	Kinship Center	\$	0 :	•	\$ 0		\$	0 \$	0			-
01164	Redwood Children's	\$	0 :		•		\$	0 \$	0 :			_
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0		0 \$	0 9			\$ 0		0 \$	0 \$	•		0
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	CC TCT.!			·————	.——					7.000.000		
	GRAND TOTAL	\$,	0 \$	S	0	\$ 0	. ^{\$} —	996,678 \$	0 9	7,929,096	\$ 51,258 \$	0

MONTEREY COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

		(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Legal		Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity Number	Legal Entity	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement (FFP)	Reimbursement (FFP)	Reimbursement (FFP)	Contract Maximum	or Contract Maximum
	<u>=-a</u>	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)	,	• • • •	, ,		
00127	Interim, Inc.	\$ 0 \$								1,848,322
00128	Unity Care Group	\$ 0 9								
00129	Natividad Medical Center	\$ 0.5						\$ 498,339 \$		
00255	Odd Fellow-Rebekah	\$ 0 \$,					\$ 68,536 \$		68,536
00273	Edgewood Center	\$ 0.9	0 9	0 5	5 0 5	\$ 129,568 \$	0	\$ 129,568 \$	163,172 \$	129,568
00275	Youth Connecting of Ventur	\$ 0.5	0 9	0 5	5 0 9	\$ 52,385 \$	0	\$ 52,385 \$	57,241 \$	52,385
00386	Milhous Children's Services	\$ 0.5	0 \$	0 9	6 0 9	\$ 21,584 \$	0	\$ 21,584 \$	29,121 \$	21,584
00457	Sunnyhills Children's	\$ 0.5		0 9	6 0 5	\$ 45,499 \$	0	\$ 45,499 \$	59,517	45,499
00461	Summitview Child	\$ 0 \$	0 \$	0 \$	0 5	\$ 17,198 \$	0	\$ 17,198 \$	19,217 \$	17,198
00484	North Valley Schools	\$ 0 \$	0 \$	0 \$	0 \$	12,248 \$	0	\$ 12,248 \$	25,871 \$	12,248
00541	Charis Youth Center	\$ 0 \$	0 \$	0 9	6 0 5	\$ 15,405 \$	0	\$ 15,405 \$	16,045 \$	15,405
00594	Community Human Service:	\$ 0 \$	0 \$	0 \$	0 1	\$ 174,766 \$	0	\$ 174,766 \$	175,714 \$	174,766
00595	Family Services of Pajaro	\$ 0.5	0 \$	0 \$	0 \$	\$ 60 \$	0	\$ 60 \$	65 \$	60
00596	Kinship Center	\$ 0 \$	0 \$	0 \$	0 \$	244,743 \$	0	\$ 244,743 \$	279,094 \$	244,743
01164	Redwood Children's	\$ 0 \$	0 \$	0 \$	0 \$	17,972 \$	0	\$ 17,972 \$	19,536 \$	17,972
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0	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 :	\$ 0.5	0 \$	0
0	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0	\$ 0 \$	0 \$	0
0	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 .	\$ 0 \$	0 \$	0
0	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0	\$ 0 \$	0 \$	0
0	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0	\$ 0 \$	0 \$	0
0	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0	\$ 0 \$	0 \$	0
0	0	\$ 0 \$	0 \$	0 \$. os	0 \$	0	\$ 0 \$	0 \$	0
0	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0	\$ 0.5	0 \$	0
0	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 :	\$ 0 \$	0 \$	0
0	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	• о :	\$ 0 \$	0 \$	0
0	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 :	\$ 0 \$	0 \$	n
0	Ö		0 \$				7 '		0 \$	o o
n	0		0 \$	0 \$			-		0 \$	0
n	0		0 \$						0 \$	0
0	0		0 \$				0 :		0 \$	•
-	•							·		
	GRAND TOTAL	\$		0 \$	0 \$	4,465,484 \$	33,318	4,498,802 \$	5,430,347 \$	4,498,802

MONTEREY COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2005

	_	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18	(including contractors)(Adj. \$	20,880,188 \$	(541,492) \$	20,338,696
(2) Total SD/MC Claims	(Adjustments 95, 96 and 98)	20,777,355	(954)	20,776,401
(3) Percent % (Line 1/Line 2)		1.0049	(0.0260)	0.9789
(4) EPSDT Claims	(Adjustments 96, 98 and 100)	10,209,832	(954)	10,208,878
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		10,259,860	(266,389)	9,993,471
(6) Cost Settled Baseline for EPSDT		1,381,677	0	1,381,677
(7) Net Cost Settlement Amount (Line 5 - Line 6)		8,878,183	(266,389)	8,611,794
(8) 50% of Cost Settlement Amount (Line 7 x 50%)		4,439,092	(133,195)	4,305,897
(8a) FY 2001-02 EPSDT Settlement		1,672,605	0	1,672,605
(8b) Annual Local Growth (L. 8 - 8a)		2,766,487	(133,195)	2,633,292
(9) County Match 10% of Local Growth (8b x 10%)		276,649	(13,320)	263,329
(10) Net Cost Settlement Amount (L. 8 - 9)	(Adjustment 101)	4,162,443	(119,875)	4,042,568
(11) SGF Distribution (Settled and Audited)	(Adjustment 104)	4,162,443	(352)	4,162,091
(12) SGF Due State	(Adjustment 105) \$	0	(119,523) \$	(119,523)
			_ _	(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2004-2005, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF distribution (See DMH letter dated August 30, 2004 sent to Local Mental Health Directors)

Note: This amount may include payments not yet made but scheduled to be released as soon as funding becomes available. It may also include payments made in error in FY 06, which will be reversed in FY 06 and rescheduled for payment when funding becomes available.

(12) Amount owed back to the state cannot be more than was paid.

Provider					Provider Number	No. of Adj.		Period Ended
	MONTEREY	COUNT	<u> </u>		00027	105	June	30, 2005
	Report Refe	rence				As	Increase	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	IENTS	Reported	(Decrease)	Aujusieu
110.				ADJUSTMENTS TO REPORTED COSTS	<u> </u>			
1	MH 1960	1	С	MENTAL HEALTH EXPENDITURES		\$ 31,998,626	\$ 537,752	\$ 32,536,378
				To adjust mental health expenditures to agree with County's reco and supporting documents.	rds			
2	MH 1960	2	С	ENCUMBRANCES		\$ 1,492,841	\$ (716,476)	\$ 776,365
				To adjust the encumbrances to agree with the County's records a supporting documentation.	and			
3	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)		\$ (10,422,093)	\$ (283,125)	\$ (10,705,218)
				To adjust the payments to contract providers to agree with the Co records and supporting documentation.	ounty's			
4	MH 1960	4	С	OTHER ADJUSTMENTS		\$ 922,468	\$ (1,868,519)	\$ (946,051)
				To adjust other adjustments to account for the following:				
				Countywide Cost Allocation (A-87) Costs Public Guardian Intra-Fund Transfer Offset IMD State Hospital Total Allowable Other Adjustments	922,468 (608,199) 593835 (1,042,363) (811,792) (946,051)			
5	MH 1960	6	С	MEDI-CAL ADJUSTMENTS		\$ (1,499,391)	\$ 3,140	\$ (1,496,251) *
				To adjust medi-cal adjustments to accunt for the changes in the c for fixed assets depreciation.	computation			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Provider Number	N	o. of Adj.				Ended
	MONTEREY	COUNT	Y		00027		105		June	30, 2	
	Report Refe	erence					As Reported		Increase (Decrease)		As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM			eported				
				ADJUSTMENTS TO REPORTED COSTS	<u> </u>						
6	MH 1960	6	С	MEDI-CAL ADJUSTMENTS	**	\$ ((1,496,251)	\$	811,792	\$	(684,459) *
				To adjust medi-cal adjustments to add back State Hospital costs already deducted in other adjustments reflected in the MH 1960 L	that were .ine 4.						
7	MH 1960	6	С	MEDI-CAL ADJUSTMENTS	**	\$	(684,459)	\$	719,835	\$	35,376 *
				To adjust medi-cal adjustments to add back encumbarances cost already deducted in MH 1960, line 2 of the revised cost report pe	s that were r audit.						
8	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$ 2	2,492,451	\$	(795,601)	\$	21,696,850
				To adjust allowable costs for allocation to reflect the effect of adju 1 through 7 above.	ustments						
9	MH 1960	9	c	SD/MC ADMINISTRATION		\$ \$	2,666,738	\$ \$	(33,041)	\$ \$	2,633,697 *
10 11	MH 1960 MH 1960	10 11	C	HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION		s	1,271,101	\$_	(15,749)	s	1,255,352 *
12	MH 1960	12	c	TOTAL ADMINISTRATIVE COSTS		[\$	3,937,839	\$=	(48,790)	\$=	3,889,049 *
				To adjust SD/MC, Healthy Families and Non-SD/MC administration result of adjustments 1 through 7 above. The distribution betwee Healthy Families and Non-SD/MC administrative costs were base reported administrative costs reflected on the original cost report.	n SD/MC ed on the						
				* Balance carried forward to subsequent adjustment.							
				** Balance brought forward from prior adjustment.		<u></u>				<u>—</u>	

Provide	г				Provider Number	No. of Adj.	Fiscal	Period Ended
	MONTEREY	COUNT	Y	,	00027	105	June	e 30, 2005
	Report Refe	erence						As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	MENTS 	Reported	(Decrease)	Adjusted
	<u> </u>			ADJUSTMENTS TO REPORTED COSTS	<u>§</u>			
13 14 15	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To allocate SD/MC, Healthy Families and Non-SD/MC administra	** ** ** ** **	\$ 2,633,697 \$ 0 \$ 1,255,352 \$ 3,889,049	\$ 162,213 \$ 61,021 \$ (223,234) \$	\$ 2,795,910 \$ 61,021 \$ 1,032,118 \$ 3,889,049
				based on the gross cost method of allocation. The County could the method used to distribute the costs between the above categ the auditor utilized a reasonable and acceptable method.	not demonstrate			
16 17 18 19	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		\$ 498,925 \$ 0 \$ 20,787 \$ 519,712	\$ (231,326) \$ 26,010 \$ 184,529 \$ (20,787)	\$ 267,599 \$ 26,010 \$ 205,316 \$ 498,925
				To adjust utilization review costs to agree with the County's recorsupporting documents. The gross cost method of allocation was since the County could not support a reasonable or acceptable method.	utilized			
) 		ADJUSTMENTS TO ALLOCATION OF COSTS MODES OF SERVICE	<u>TO</u>			
20 21 22 23 24 25	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	4 5 6 7 8 9	A A A A	DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM OUTREACH SERVICES (MODE 45) MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55) SUPPORT SERVICES (MODE 60) Total	1 2)	\$ 1,384,638 \$ 16,070,202 \$ 0 \$ 68,218 \$ 511,842 \$ 18,034,900	\$ (18,325) \$ (633,882) \$ 14,921 \$ (68,218) \$ (20,520) \$ (726,024)	\$ 1,366,313 \$ 15,436,320 \$ 14,921 \$ 0 \$ 491,322 \$ 17,308,876
				To adjust modes of service costs to reflect adjustments 1 through	7 above.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider	MONTEREY	COLINT			Provider Number 00027	No. of Adj. 105		riod Ended 30, 2005
	Report Refe							As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	MENTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED TOTAL UNITS OF SE COUNTY PROVIDERS	RVICE/TIME			
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	MH 1966 MH 1966	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Total Total Total	SFC 15-01 SFC 15-10 SFC 15-60 Provider 2793 - SFC 15-10 Provider 2793 - SFC 15-30 Provider 2793 - SFC 15-40 Provider 2794 - SFC 15-60 Provider 2794 - SFC 15-30 Provider 2794 - SFC 15-30 Provider 2794 - SFC 15-60 Provider 2795 - SFC 15-30 Provider 2795 - SFC 15-50 Provider 2795 - SFC 15-50 Provider 2796 - SFC 15-30 Provider 2796 - SFC 15-50 ASO SFC 15-13 To adjust total units of service to agree with the County's records supporting documents. Phase II units of service were extracted in Program 1 and settled in Program II.	s and from	2,204,184 3,111,738 690,778 0 0 0 0 0 0 0 0 0 51,255	540 1,710 2,690 720 1,085 90 9,220 1,370 100 8,350 0 750 6,870 35 550 24,860 470 (51,255)	2,204,724 3,113,448 693,468 720 1,085 90 9,220 1,370 100 8,350 0 750 6,870 35 550 24,860 470 0
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.	Fiscal P	eriod Ended
	MONTEREY	COUNT	Y		00027	105	June	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN				
43 44 45 46 47 48 49 50 51 52	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL	4 5	0 4,762,112 0 66,144 0 0 0 0 4,828,256	1,150,403 (1,278,372) 21,067 (3,558) 9,113 20,223 16 23,793 82,482 25,167	1,150,403 * 3,483,740 * 21,067 * 62,586 * 9,113 * 20,223 * 16 * 23,793 * 82,482 * 4,853,423 *
53 54 55 56 57 58 59 60 61 62	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the above mentioned settled units of service/time for the Operated facilities to agree with the State DMH Approved Claims dated February 24, 2009 (Excluding disallowed claims of 0 uos/ursubmitted workpapers to the County which shows the details of the adjustments. Phase II was included. MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the SD/MC, Enhanced and Healthy Families units of set to agree with the County's records and supporting documents. To submitted work papers to the County which shows the details of the adjustments. Phase II was included.	Report ot). The auditor ne above 4 5 *** *** *** *** ** ** **	1,150,403 3,483,740 21,067 62,586 9,113 20,223 16 23,793 82,482 4,853,423	(1,150,403) 1,171,541 (21,067) 4,238 (9,113) 5,648 (16) (23,793) 12,081 (10,884)	0 * 4,655,281 * 0 * 66,824 * 0 * 25,871 * 0 * 0 * 94,563 * 4,842,539 *
				** Balance brought forward from prior adjustment.				

Provide	r MONTEREY (COUNT	 Y		Provider Number 00027	No. of Adj. 105		eriod Ended 30, 2005
	Report Refe			EVEL ANATION OF AUDIT AD ILIETH	IENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN				
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN	TS/TIME D 2			
63 64 65 66 67	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/06 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/06 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the above mentioned units of service/time to incorporat of the lower of DMH approved units vs. the County's records by Sauditor submitted work papers to the County which shows details adjustments. Phase II was included.	5 ** ** ** ** ** ** te the controls FFC. The	0 4,655,281 0 66,824 0 25,871 0 94,563 4,842,539	665,555 (675,102) 0 0 0 0 1,875 (2,355) (10,027)	665,555 3,980,179 0 66,824 0 25,871 0 1,875 92,208 4,832,512
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.	Fiscal P	eriod Ended
	MONTEREY (COUNT	Y		00027	105	June	30, 2005
	Report Refe	rence				As	Increase	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS 	Reported	(Decrease)	Aujusteu
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	TS/TIME			
68 69 70 71 72 73 74	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 06/30/05 TOTAL	4 5	939,365 1,413,064 0 0 0 0 0 0 0 0 2,352,429	(387,824) 359,581 0 0 724 6,957 0 3,511 22,006 4,955	551,541 * 1,772,645 * 0 * 0 * 724 * 6,957 * 0 * 3,511 * 22,006 * 2,357,384 *
75 76 77 78 79 80 81	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the above mentioned settled units of service/time for the Operated facilities to agree with the State DMH Approved Claims dated February 24, 2009 (Excluding disallowed claims of 13,155 submitted workpapers to the County which shows the details of the adjustments. Phase II was included. MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 06/30/05 TOTAL To adjust the SD/MC, Enhanced and Healthy Families units of se to agree with the County's records and supporting documents. Ti submitted work papers to the County which shows the details of tadjustments. * Balance carried forward to subsequent adjustment.	Report uos/uot). The auditor le above *** *** *** *** ** ** ** **	551,541 1,772,645 0 0 724 6,957 0 3,511 22,006 2,357,384	(551,541) 574,686 0 0 (724) 724 0 (3,511) (11,133) 8,501	0 * 2,347,331 * 0 * 0 * 0 * 7,681 * 0 * 0 * 10,873 * 2,365,885 *
	<u></u>	<u></u>	<u> </u>	** Balance brought forward from prior adjustment.			<u> </u>	Page 7 of 12

Provide	i i				Provider Number	No. of Adj.		eriod Ended
	MONTEREY (COUNT	Υ		00027	105	June	30, 2005
	Report Refe	rence				As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS 	Reported	(Decrease)	
				ADJUSTMENTS TO REPORTED MEDICAL UNITO CONTRACT PROVIDERS	TS/TIME			
82 83 84	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the County's records to account for the units of service// County adjusted out when utilizing the disallowed claims system (of service/time were excluded in the State DMH Summary of Applibut remained in the County's records.	time that the DCS). These units	0 2,347,331 0 0 0 7,681 0 0 10,873 	(3,389) (9,766) 0 0 0 0 0 0 (13,155)	(3,389) * 2,337,565 * 0 * 0 * 7,681 * 0 * 0 * 10,873 * 2,352,730 *
85 86	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the State DMH Approved Claims Report dated February the results of the EPSDT audit findings. This audit was conducted DMH Oversight Branch.	5 ** ** ** ** ** ** y 24, 2009 to incorporate	(3,389) 2,337,565 0 0 7,681 0 0 10,873 2,352,730	0 (95) 0 0 0 0 0 0 0 0 0 (95)	(3,389) * 2,337,470 * 0 * 0 * 0 * 7,681 * 0 * 10,873 * 2,352,635
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	·			

Provide	r		 _		Provider Number	No. of Adj.	Fiscal F	Period Ended
	MONTEREY	COUNT	Y		00012	105	June	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	TS/TIME			
87 88 88	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL	** 4 ** 5 ** ** ** ** **	(3,389) 2,337,470 0 0 0 7,681 0 0 10,873 2,352,635	282,201 (296,837) 0 0 0 0 0 0 0 (14,636)	278,812 * 2,040,633 * 0 * 0 * 0 * 7,681 * 0 * 10,873 * 2,337,999
90 91	MH 1979 MH 1979	23 27	J	To adjust the above mentioned units of service/time to incorporat of the lower of DMH approved units vs. the County's records by Sauditor submitted work papers to the County which shows details adjustments. ADJUSTMENTS TO REPORTED SD/MC SETTL COUNTY PROVIDERS TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SETOTAL HEALTHY FAMILIES REIMBURSEMENT To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Familito adjustments to costs, units of service/tiem and the results of the review.	SFC. The of the above	\$ 8,183,587 \$ 0	\$ (357,585) \$ 197,515	\$ 7,826,002 \$ 197,515
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r MONTEREY	COUNT	Y		Provider Number 00027	No. of Adj. 105			Period	Ended 2005
	Report Ref	erence			<u> </u>	As	7 ,	ncrease		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(0	Decrease)		Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTL CONTRACT PROVIDERS	<u>EMENT</u>					
92 93	MH 1979 MH 1979	23 27	Ĵ	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SC TOTAL HEALTHY FAMILIES REIMBURSEMENT To adjust the SD/MC (FFP) and Healthy Families (FFP) due to ad	· .	\$ 4,531,084 \$ 0	\$ \$	(65,600) 33,318	\$	4,465,484 33,318
				to revenues and units of service/time. Interim, Inc. Unity Care Group, Inc. Natividad Medical Center Odd-Fellow Rebekah Edgewood Casa Pacifica Milhous Children's Services Sunny Hills Summitview North Valley Schools Charis Youth Center Community Human Services FSA of Pajaro Valley Kinship Center Redwood Children's Services		\$ 1,850,079 1,387,709 498,796 68,536 131,199 52,440 21,584 45,499 17,198 23,801 15,405 175,341 60 225,465 17,972 \$ 4,531,084	\$	(1,757) (35,532) (457) 0 (1,631) (555) 0 0 (11,553) 0 (575) 0 19,278 0	\$	1,848,322 1,352,177 498,339 68,536 129,568 52,385 21,584 45,499 17,198 12,248 15,405 174,766 60 244,743 17,972
94	SCH 4	1	3	ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	ERAL FUNDS	\$ 20,880,188	\$	(541,492)	 \$	20,338,696
3 4	30/14		3	To adjust SD/MC actuals as a result of adjustments to total computation as reflected in the MH 1979 forms for both the County Program are providers. The amounts utilized for this purpose was SD/MC and Outpatient services only. * Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment.	nd its contract	20,000,100	P	(041,432)	3	20,330,030

Provide					Provider Number	T	No. of Adj.	1			I Ended
	MONTEREY	COUNT	Υ ——¬		00027	-	105	-	June	3 0,	2005
Adj.	Report Ref Form/			EXPLANATION OF AUDIT ADJUSTM	EXPLANATION OF AUDIT ADJUSTMENTS As Reported			increase (Decrease)		As Adjusted	
No.	Sch.	Line	Col.			+		+		┿-	
			1	ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	IERAL FUNDS						
95 96	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$ \$	20,777,355 10,209,832	\$ \$	(8,034) (8,034)	\$ \$	20,769,321 * 10,201,798 *
				To adjust total SD/MC claims and EPSDT claims to include the re audit of the EPSDT Program conducted by the State Department reflected in the report dated March 3, 2008. The Report covered July 1, 2004 through June 30, 2005. This represents the original	of Mental Health as the period from						
97 98	SCH 4 SCH 4	2 4	3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	Ψ.	20,769,321 10,201,798	\$	8,034 8,034	\$	20,777,355 * 10,209,832 *
İ				To adjust total SD/MC claims and EPSDT claims to reverse the or included in adjustments 95 and 96 above. The revised findings at Claims and EPSDT Claims" will be taken in adjustments 68 and 6	ffecting 'Total SD/MC						
99 100	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	1.0	20,777,355 10,209,832	\$	(954) (954)	\$ \$	20,776,401 10,208,878
				To adjust total SD/MC claims and EPSDT claims to include the re revised audit of the EPSDT Program conducted by the State Department of the report dated March 3, 2008. The Report covered July 1, 2004 through June 30, 2005. This represents the revised of the rev	artment of Mental Health ed the period from						
101	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$	4,162,443	\$	(119,875)	\$	4,042,568
				To adjust net cost settlement amount as a result of adjustments to (Total Computable Medical), total SD/MC claims and EPSDT claim							
102	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		\$	4,162,443	\$	(2,966)	\$	4,159,477 **
				To adjust State General Fund Distribution to include the results of audit of the EPSDT Program conducted by the State Department or reflected in the report dated March 3, 2008. The Report covered to July 1, 2004 through June 30, 2005. This represents the SGF origest Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	of Mental Health as he period from						

Provider					Provider Number		No. of Adj.	T	Fiscal	Period	Ended
	MONTEREY		Υ		00027		105	_	June	∋ 30, 2	2005
	Report Ref	erence					As		Increase		As
Adj. No.	Form/ Sc <u>h.</u>	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS 		Reported		(Decrease)		Adjusted
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	NERAL FUNDS						
103	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		** \$	4,159,477	\$	2,966	\$	4,162,443
				To adjust State General Fund Distribution to reverse the original included in adjustment 102 above. The revised findings affecting Distribution" will be taken in adjustments 104 below.	SGF recoupment "State General Fund						
104	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	,	** \$	4,162,443	\$	(352)	\$	4,162,091
				To adjust the State General Fund Distribution to reflect the results findings included in the final report dated March 3, 2008.	s of the revised EPSDT						
105	SCH 4	12	3	STATE GENERAL FUNDS DUE STATE		\$	0	\$	(119,523)	\$	(119,523)
				To adjust State General Funds due State as a result of adjustmer Cost Settlement Amount and State General Fund Distribution as t							
				Audited Net Cost Settlement Amount Adj. 70 Audited State General Fund Distribution Adj. 73	\$ 4,042,568 4,162,091						
				Net State General Funds due to State	\$ (119,523)						
				•							
			1								
1			1								
			ľ								
				* Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment.							

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/05) FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY

County Code: 27

	Legal Entity: MONTEREY COUNTY	A	В	С
Leg	gal Entity Number: 00027	Salaries		Total
		and Benefits	Other	Costs _
1	Mental Health Expenditures	15,926,605	16,609,773	32,536,378
2	Encumbrances		776,365	776,365
3	Less: Payments to Contract Providers (County Only)		(10,705,218)	(10,705,218)
4	Other Adjustments from MH 1962		(946,051)	(946,051)
5	Total Costs Before Medi-Cal Adjustments	15,926,605	5,734,869	21,661,474
6	Medi-Cal Adjustments from MH 1961		35,376	35,376
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			21,696,850
	Administrative Costs (County Only)			
9	SD/MC Administration			2,795,910
10	Healthy Families Administration			61,021
11	Non-SD/MC Administration			1,032,118
12	Total Administrative Costs			3,889,049
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			267,599
14	Other SD/MC Utilization Review			26,010
15	Non-SD/MC Utilization Review			205,316
16	Total Utilization Review Costs			498,925
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			17,308,876
19	Total Costs - Lines 9 through 18			21,696,850

MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY

County Code: 27

	Legal Entity: MONTEREY COUNTY	Α	В	С
Le	gal Entity Number: 00027	Salaries		Total
		and Benefits	Other	Adjustments
1	Per Original Cost Report			
2				
3	Depreciation		32,236	32,236
4	State Hospital Reimbursements		(811,792)	(811,792)
5_	Encumbrances returned to Fund Balance		(719,835)	(719,835)
6				
7	Per Audit			
8				
9	To adjust Depreciation expenses to agree with the	-		
10	County's records and supporting documents		3,140	3,140
11	To offset State Hospital expenditures that will be			
12	accounted for in "Other Adjustments" See MH 1962		811,792	811,792
13	To offset encumbrances. Actual encumbrances will			
14	be taken on line 2 of the MH 1960 form		719,835	719,835
15				
16				
17				
18				
19				
20	Total Adjustments		35,376	35,376

OTHER ADJUSTMENTS

MH 1962 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY

County Code: 27

	Legal Entity: MONTEREY COUNTY	A	В	C
Le	gal Entity Number: 00027	Salaries		Total
		and Benefits	Other	Adjustments
1	Per Original Cost Report			
2_	·			
3	Countywide Cost Allocation Plan (COWCAP A-87)		922,468	922,468
4				
5_	Adjustments per Audit			
6				
7	To eliminate Public Guardian Expenditures		(608, 199)	(608, 199)
8	To account for the Intra-Fund Transfer Offset		593,835	593,835
9	To eliminate IMD Expenditures		(1,042,363)	(1,042,363)
10	To eliminate State Hospital Costs		(811,792)	(811,792)
11				
12				
13				
14				
15				
16				
17				
18				
19				
\vdash	Total Adjustments		(946,051)	(946,051)

State of California Health and Human Services Agency

Department_of Mental Health

DETAIL COST REPORT .

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY County Code: 27

	Legal Entity: MONTEREY COUNTY	A
Le	gal Entity Number: 00027	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	17,308,876
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	1,366,313
5	Outpatient Services (Mode 15 Program 1 + Program 2)	15,436,320
6	Outreach Services (Mode 45)	14,921
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	491,322
9	Total - Lines 2 through 8	17,308,876

State of California Health and Human Services Agency DETAIL COST REPORT ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County:	MONTEREY	COUNTY
County Code:	27	

	County Code: 27		CR	CR					
	Legal Entity: MONTEREY COUNTY		A	B	C	D	E	F	G
Leg	gal Entity Number: 00027		J	Service	Service	Service	Service	Service	Service
1	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
<u> </u>	Allegation Demontage		400,000	85	95				 -
12—	Allocation Percentage Total Units		100.00%	41.75% 2,802	58.25% 6,504		 	├ ──	
3	Gross Cost		1,366,313	570,439	795,874		l ———	 	
3			1,300,313	BOOK POOR		<u> CONTRACTOR OF THE SECOND OF </u>	SECTION EXPLO	10.000.000.000	0.00 (d.000.000.000.000.000.000.000.000.000.0
4	Cost per Unit			203.58	122.37		L	L	
5	SMA per Unit			189.33	122.75		L———	─ ─	
6 -	Published Charge per Unit Negotiated Rate / Cost per Unit	 		189.33	122.75	<u> </u>		 	<u> </u>
7						<u> </u>	1221	100 Tarrest 100 Tarrest	
8	Medi-Cal Units	07/01/04 - 09/30/04		684	588				
8A	medi-odi omo	10/01/04 - 06/30/05		2,091	2,297		i	<u> </u>	
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04						<u> </u>	
9A		10/01/04 - 06/30/05							
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04							Li
10A		10/01/04 - 06/30/05							
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Families (SED) Units	07/01/04 - 09/30/04						<u> </u>	
11A		10/01/04 - 06/30/05			333			Ļ	
12	Non-Medi-Cal Units			27	3,286	*.*.*. **.*!*.	2-7		
13	Madi Cal Casta	07/01/04 - 09/30/04	211,202	139,251	71,952				
13A	Medi-Cal Costs	10/01/04 - 06/30/05	706,768	425,692	281,077				_
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	201,679	129,502	72,177				
14A	Medi-Cai SMA Opper Limits	10/01/04 - 06/30/05	677,846	395,889	281,957				
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	201,679	129,502	72,177				
15A	medi-Cai Fobiisi ied Citalges	10/01/04 - 06/30/05	677,846	395,889	281,957				
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A	Wiedi-Cai Negotiated Nates	10/01/04 - 06/30/05							
17	<u> De en entre de la reconstituta de</u> La constituta de la constitucion de la constituta de la constitucion del constituta de la constituta de la constituta de la constituta del constituta de la constituta del constituta del constituta de la constituta del constituta del constituta del constituta del constituta del constituta del constituta della constitu	07/01/04 - 09/30/04	122,242,442,144	·····		*.*.		,.,	
17A		10/01/04 - 06/30/05							
18		07/01/04 - 09/30/04							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05							
19		07/01/04 - 09/30/04							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05							
20	** * * * * * * * * * * * * * * * * * *	07/01/04 - 09/30/04							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05							
-		07/04/04 00/00/04	<u></u>	2454 E. 545 E			<u> 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, </u>	<u>. Degradojana erre</u>	<u> </u>
21 21A	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
22		10/01/04 - 06/30/05 07/01/04 - 09/30/04	 						
22A	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05		+	+				
22		07/01/04 - 09/30/04						 +	
23A	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05						 -	
24 24		07/01/04 - 09/30/04	 - 	- +	 +			+	
24A	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05	 +		———-				
			30000000000000000000000000000000000000	<u> </u>	<u> </u>				*************
	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	<u></u>						
	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05						———	
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05		0.0000000000000000000000000000000000000					900000000000
29	Healthy Families Costs	07/01/04 - 09/30/04							
29A	- Courty (arrilles Costs	10/01/04 - 06/30/05	40,748		40,748				
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04							
30A	Troubly Lamilles Start Opper Elinio	10/01/04 - 06/30/05	40,876		40,876				
31	Healthy Families Published Charges	07/01/04 - 09/30/04							
31A		10/01/04 - 06/30/05	40,876		40,876				
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04				1			
32A		10/01/04 - 06/30/05	<u>,</u>	,,,,, ,,,,					
33	Non-Medi-Cal Costs		407,594	5,497	402,097		1		
الت									

State of California Health and Human Services Agency DETAIL COST REPORT ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

	County: MONTEREY COUNTY County Code: 27			CR	CR	CR	CR		
	Legal Entity: MONTEREY COUNTY	- 	A	В		D	E	F	G
Leg	pal Entity Number: 00027 Mode: 15 - Outpatient Services (Progr	am 1)	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			<u> </u>	01	10	60	70		
1	Allocation Percentage		100.00%	26.73%	48.67%	20.06%	4.55%		
2	Total Units			2,204,724	3,113,448	693,468	195,405		L
3	Gross Cost		15,368,075	4,107,738	7,479,242	3,082,524	698,570		
4	Cost per Unit	et ner Ligit		1.86	2.40	4.45	3.57	2242222222	
5	SMA per Unit			1.89	2.44	4.51	3.63		
6	Published Charge per Unit			1.89	2.44	4.51	3.63		
7	Negotiated Rate / Cost per Unit			1.00					
			<u> </u>	<u> engantana</u>	720777	ere retagggagereret	1,71,121,121,131,131	elicitation of the control	200
8	Medi-Cal Units	07/01/04 - 09/30/04		424,087	_237,596				
ВА		10/01/04 - 06/30/05		1,392,549	1,992,974	468,297	79,851		L
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
9A	Michigan Car Crescotte Critic	10/01/04 - 06/30/05				66,824			
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04		_					
10A	Enhanced Servic (Children) Onks	10/01/04 - 06/30/05		8,238	13,777	2,505	1,051		
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Hanks Families (OFD) Heits	07/01/04 - 09/30/04			1,875				
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05		25,803	54,749	7,193	4,130		
	Non-Medi-Cal Units			354,047	812,477	148,649	110,373		
	<u> </u>				AND DESCRIPTIONS OF			(1.0.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
13	Medi-Cal Costs	07/01/04 - 09/30/04	1,360,901	790,139	570,762				
13A		10/01/04 - 06/30/05	9,749,215	2,594,532	4,787,597	2,081,620	285,466		
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	1,381,259	801,524	579,734				
14A		10/01/04 - 06/30/05	9,896,653	2,631,918	4,862,857	2,112,019	289,859		
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	1,381,259	801,524	579,734				
5A	medi-Cai Fubilshed Charges	10/01/04 - 06/30/05	9,896,653	2,631,918	4,862,857	2,112,019	289,859		
16	Madi Cal Nonetistad Batas	07/01/04 - 09/30/04							
6A	edi-Cai Negotiated Rates	10/01/04 - 06/30/05							
7	<u> Parijang ng ng Paping ng mananggya ana mangang manang Paping na ng Paping ng Paping ng Paping ng Paping ng Pa</u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************	<u>, rafara yanaran</u> f	*******	**********	4444	<u> </u>	<u> </u>
	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04							
I7A		10/01/04 - 06/30/05	297,038			297,038			
8	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
8A		10/01/04 - 06/30/05	301,376			301,376			
9	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
9A		10/01/04 - 06/30/05	301,376			301,376			
0	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04			l				
OA	wiedicale/iviedi-cal Ciossovei Tregolialed Rales	10/01/04 - 06/30/05							
1		07/01/04 - 09/30/04	and and a fact of a fact of a fact of	geretag terese	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>. 15, 11, 11, 11, 11, 11, 11, 11, 11, 11,</u>	····	<u>, na </u>	<u> Transmitation</u>
	Enhanced SD/MC Costs	10/01/04 - 09/30/05	62 227	15 240	33,096	11 125	7767		
			63,337	15,349	33,096 [11,135	3,757		
2	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	64.000	45.570		44 202			
2A		10/01/04 - 06/30/05	64,298	15,570	33,616	11,298	3,815		
3	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
3A		10/01/04 - 06/30/05	64,298	15,570	33,616	11,298	3,815		
4 ,	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
4A		10/01/04 - 06/30/05							
5 1	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
		07/01/04 - 06/30/05							
		07/01/04 - 06/30/05							
		07/01/04 - 06/30/05			+	+			
12.1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
9 ,	Healthy Families Costs	07/01/04 - 09/30/04	4,504		4,504				
<u>9A</u>	<u> </u>	10/01/04 - 06/30/05	226,333	48,075	131,520	31,973	14,765		
ਗ਼,	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	4,575		4,575				
OA	readily retrines Swith Opher Limits	10/01/04 - 06/30/05	229,788	48,768	133,588	32,440	14,992		
1 .	Healthy Families Published Charges	07/01/04 - 09/30/04	4,575		4,575				
1A	leaning rainflies rubilished Charges	10/01/04 - 06/30/05	229,788	48,768	133,588	32,440	14,992		
2 ,	lealthy Families Negotiated Rates	07/01/04 - 09/30/04							-
<u></u>	learnly rannies regulated reales	10/01/04 - 06/30/05	J	1	1		i	1	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 2 FISCAL YEAR 2004 - 2005

Legal En 1 Alloca 2 Total 3 Gros 4 Cost 5 SMA 6 Publ 7 Negr 10 Enha 10 Enha 11 Heal 11 Heal 11 Heal 11 Modi 11 Medi 11 Medi 11 Medi 15 Medi 16 Medi 17 Medi 18 Medi 19 Medi 10 Enha 11 Heal 11 Heal 11 Heal 11 Heal 11 Heal 12 Non- 13 Medi 15 Medi 16 Medi 16 Medi 17 Medi 18 Enha 19 Medi 10 Enha 10 Enha 11 Heal 12 Non- 13 Medi 15 Medi 16 Heal 16 Heal 17 Heal 18 Heal 1	Legal Entity: MONTEREY COUNTY			MHS	MHS	MHS	MHS	MHS	MHS
Legal En 1 Alloca 2 Total 3 Gros 4 Cost 5 SMA 6 Publ 7 Negr 10 Enha 10 Enha 11 Heal 11 Heal 11 Heal 11 Modi 11 Medi 11 Medi 11 Medi 15 Medi 16 Medi 17 Medi 18 Medi 19 Medi 10 Enha 11 Heal 11 Heal 11 Heal 11 Heal 11 Heal 12 Non- 13 Medi 15 Medi 16 Medi 16 Medi 17 Medi 18 Enha 19 Medi 10 Enha 10 Enha 11 Heal 12 Non- 13 Medi 15 Medi 16 Heal 16 Heal 17 Heal 18 Heal 1	Legar Linux, WONTERE LOOM! I		A	В	С	D '	E	F	G
2 Total 3 Gros 4 Cost 5 SMA 6 Publ 7 Negr 8 Medi 9 Medi 100 Enha 1111 111A 12 Non- 13 Medi 14 Medi 15 Medi 16A Medi 16A Medi 17 Medi 16A Medi 17 A Medi 18 Negr 19 Medi 20 Medi 21 Enha 22 Enha 22 Enha 23 SSA 24 Enha 26 Enha 27 Enha 28 Enha	ntity Number: 00027 Mode: 15 - Outpatient Services (Progr	am 2)	Mode Total	Service Function 10	Service Function 30	Service Function 40	Service Function 60	Service Function 10	Service Function 30
2 Total 3 Gros 4 Cost 5 SMA 6 Publ 7 Negr 8 Medi 9 Medi 100 Enha 1111 111A 12 Non- 13 Medi 14 Medi 15 Medi 16A Medi 16A Medi 17 Medi 16A Medi 17 A Medi 18 Negr 19 Medi 20 Medi 21 Enha 22 Enha 22 Enha 23 SSA 24 Enha 26 Enha 27 Enha 28 Enha	ocation Percentage		100.00%	1,15%	2.12%	0.23%	28.41%	2.19%	<u></u>
4 Cost 4 Cost 5 SMA 6 Publ 7 Negs 8 Medi 9 Medi 100 Enha 11 Healt 11 A Medi 11 A Medi 11 A Medi 15 Enha 20 Medi 20 Medi 21 Enha 22 Enha 23 A Enha 24 Enha 27 Enha 28 Enha 27 Enha 27 Enha 27 Enha 28 Enha 27 Enha 27 Enha 27 Enha 28 Enha 27 Enha 27 Enha 28 E	al Units			720	1,085	90	9.220	1,370	100
5 SMA 6 Publi 7 Neggi 8 Medi 9 Medi 10 Enha 11 Healt 11 Healt 11 Healt 12 Non-11 Healt 14 Medi 15 Enha 16 Medi 17 Medica 17 Medica 17 Medica 17 Medica 17 Medica 18 Medi 18 Medi 19 Medica 17 Medica 17 Medica 17 Medica 18 Medica 18 Medica 18 Medica 17 Medica 18 Medica	oss Cost		68,245	785	1,446	156	19,389	1,494	92
5 SMA 6 Publi 7 Neggi 8 Medi 9 Medi 10 Enha 11 Healt 11 Healt 11 Healt 12 Non-11 Healt 14 Medi 15 Enha 16 Medi 17 Medica 17 Medica 17 Medica 17 Medica 17 Medica 18 Medi 18 Medi 19 Medica 17 Medica 17 Medica 17 Medica 18 Medica 18 Medica 18 Medica 17 Medica 18 Medica	st per Unit			1.09	1.33	1.73	2.10	1.09	0.92
6 Publi 7 Negri 8 8 8 A 9 9 Medi 10 Enha 11 11 A 11 A 12 Non-11 11 A 15 Medi 15 A 16 A 16 A 17 A 18 B 18 A 19 Medic 20 Medic 20 A 11 Enha 22 22 A Enha 22 22 A Enha 22 24 Enha 27 Enha 27 Enha 28 Enha 27 Enha	per Unit ished Charge per Unit			2.44	2.44	2.44	4.51	2.44	2.44
8 Medi 9 Medi 10 Enha 11 Healt 11 Healt 11 Medi 13 Medi 14 Medi 15 Medi 16 Medi 17 Medi 17 Medi 17 Medi 18 Medi 20 Medi 20 Medi 21 Enha 22 Enha 23 Sasa Enha 24 Enha 25 Enha 26 Enha 27 Enha 28 Enha 27 Enha 28 Enha									
8A Medi 9 Medi 10 Enha 11 Heal 111 Heal 112 Non- 13 Medi 134 Medi 144 Medi 155A Medi 166 Medi 177 Medi 188 Medi 200 Medi 200 Medi 211 Enha 22 Enha 2333 Enha 244 Enha 25 Enha 26 Enha 26 Enha 27 Enha 28 Enha 27 Enha 28 Enha	gotiated Rate / Cost per Unit								
8A Medi 9 Medi 10 Enha 11 Heal 111 Heal 112 Non- 13 Medi 134 Medi 144 Medi 155A Medi 166 Medi 177 Medi 188 Medi 200 Medi 200 Medi 211 Enha 22 Enha 2333 Enha 244 Enha 25 Enha 26 Enha 26 Enha 27 Enha 28 Enha 27 Enha 28 Enha	#1 C - () - -	07/01/04 - 09/30/04			1 1 1 1 1 1 1 1 1 1 1		************		
9A Medi 10 Enha 11 Healt 11 Healt 12 Non- 13 Medi 15 Medi 16 Medi 16 Medi 17 Medi 18 Medi 19 Medi 19 Medi 19 Medi 20 Medi 21 Enha 22 Enha 23 Sasa Enha 24 Enha 27 Enha 28 Enha 27 Enha 28 Enha 27 Enha 28 Enha 27 Enha 28 Enha	di-Cal Units	10/01/04 - 06/30/05		720	920	30	5,955	830	100
9A 10B Enha 11H 11H 111A 12 Non- 13 Medi 14 Medi 15 Medi 16A Medi 16A Medi 17A Medi 17A Medi 18B Medi 199 Medi 20 Medi 21 Enha 22 Enha 22 Enha 22 Enha 23 SSA Enha 24 Enha 26 Enha 27 Enha 28 Enha 27 Enha 28 Enha	dicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
100 Entra 11 1	Sical Britied - Car Ci Cosover Offica	10/01/04 - 06/30/05							
100 Enha 100	nanced SD/MC Units	07/01/04 - 09/30/04							
111 Healt 112 Non- 12 Non- 13 Medi 13 Medi 144 Medi 165 Medi 166 Medi 167 M		10/01/04 - 06/30/05						1	
111A Heal 112 Non- 13 Medi 14 Medi 15 Medi 16 Medi 16 Medi 17 Medi 17 Medi 17 Medi 18 Medi 19 Medi 20 Medi 21 Enha 22 Enha 22 Enha 23 SSA 24 Enha 25 Enha 26 Enha 27 Enha 28 Enha	nanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
12 Non- 13 Medi 13 Medi 14 Medi 15 Medi 15 Medi 16 Medi 17 A Medi 18 Medi 18 Medi 17 A Medi 18 Medi 19 Medi 20 Medi 21 Enha 22 Enha 22 Enha 24 Enha 27 Enha 26 Enha 27 Enha 27 Enha 28 Enha	althy Families (SED) Units	07/01/04 - 09/30/04							
133 Medi 144 Medi 145 Medi 155 Medi 156 Medi 166 Medi 177 Medi 177 Medi 188 Medi 199 Medi 199 Medi 200 Medi 211 Enha 222 Enha 233 Enha 244 Enha 25 Enha 26 Enha 27 Enha 27 Enha 28 Enha 28 Enha 27 Enha 28 Enha 28 Enha 28 Enha 28 Enha 27 Enha 28 Enh	n-Medi-Cal Units	10/01/04 - 06/30/05			165	60	3,265	540	
13A Medi- 14 Medi- 14 Medi- 15 Medi- 15 Medi- 16 Medi- 17 Medi- 18 Medi- 18 Medi- 19 Medi- 19 Medi- 19 Medi- 20 Medi- 21 Enha 22 Enha 23 Enha 24 Enha 24 Enha 27 Enha 27 Enha 28 Enha 27 Enha 27 Enha 28 Enha	I-Wedi-Cai Onits				165	5U	3,203	540	14444444
13A 14 Medi- 15 Medi- 15 Medi- 16 Medi- 17 Medi- 17 Medi- 17 Medi- 18 Medi- 19 Medi- 20 Medi- 21 Enha 22 En	di-Cal Costs	07/01/04 - 09/30/04	3,108						
14A Medi- 15A Medi- 16A Medi- 17A Me		10/01/04 - 06/30/05	51,826	785	1,226	52	12,523	905	92
144 15 Medi 15 Medi 16 Medi 16 Medi 17 Medi 18 Medi 19 Medi 19 Medi 20 Medi 20 Medi 21 Enha 22 Enha 23 Sana 24 Enha 25 Enha 26 Enha 27 Enha 28 Enha 27 Enha 28 Enha 28 Enha 28 Enha 28 Enha 28 Enha 28 Enha 28 Enha 28 Enha 28 Enha	di-Cal SMA Upper Limits	07/01/04 - 09/30/04	6,344						
15A Medi- 16 Medi- 17 Medi- 17 Medi- 18 Medi- 18 Medi- 19 Medi- 20 Medi- 20 Medi- 20 Enha 22 Enha 22 Enha 23 San Enha 24 Enha 25 Enha 26 Enha 27 Enha 28 Enha 28 Enha 28 Enha		10/01/04 - 06/30/05	115,100	1,757	2,245	73	26,857	2,025	244
16 Medi- 17 Medi- 17 Medi- 18 Medi- 18 Medi- 19 Medi- 19 Medi- 19 Medi- 20 Medi- 21 Enha 22 Enha 23 San Enha 24 Enha 26 Enha 26 Enha 27 Enha 27 Enha 28 Enha 28 Enha 27 Enha 28 Enha 2	di-Cal Published Charges	07/01/04 - 09/30/04	 						
16A Medicine		10/01/04 - 06/30/05 07/01/04 - 09/30/04							
177 Media 18 Media 19 Media 19 Media 19 Media 20 Media 20 Media 21 Enha 22 Media 22 Media 23 A Enha 24 Enha 25 Enha 26 Enha 27 Enha 28 Enha	di-Cal Negotiated Rates	10/01/04 - 06/30/05	+						
17A Medician	againe, niceann againe in an iogaile ann Coinne		11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	**********		\$15.00 Sec. 10.00			<u> </u>
18 Medici 18 Medici 18 Medici 19 Med		07/01/04 - 09/30/04							
18A Medicine 19 Medicine 19 Medicine 19 Medicine 12 Me		10/01/04 - 06/30/05							
19 Medic 19 Medic 20 Medic 21 Enha 22 Enha 23 Enha 23 Enha 24 Enha 25 Enha 26 Enha 27 Enha 28 Enha	dicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04 10/01/04 - 06/30/05							
20 Medic 20 Medic 21 Enha 22 Enha 22 Enha 23 Enha 24 Enha 25 Enha 26 Enha 27 Enha		07/01/04 - 09/30/04							
200 Medic 201 Enha 211 Enha 222 Enha 223 Enha 233 Enha 244 Enha 25 Enha 26 Enha 27 Enha 88 Enha	dicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05			+				
20A Medical Me	fire 04: # 0-1 0	07/01/04 - 09/30/04							
21 Enha 22 Enha 23 Enha 24 Enha 24 Enha 25 Enha 26 Enha 27 Enha 28 Enha	dicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05							
21A Enha 22 Enha 23 Enha 24 Enha 24 Enha 25 Enha 26 Enha 27 Enha 28 Enha		07/01/04 - 09/30/04	<u> </u>	<u></u>	<u> </u>	<u> </u>	47472574444	*. <u></u>	
22 Enha 23 Enha 24 Enha 25 Enha 26 Enha 27 Enha 28 Enha	anced SD/MC Costs	10/01/04 - 06/30/05	280	+					
22A Enha 23A Enha 24A Enha 25 Enha 26 Enha 27 Enha 28 Enha		07/01/04 - 09/30/04	200						
23 Enha 24 Enha 24A Enha 25 Enha 26 Enha 27 Enha	anced SD/MC SMA Upper Limits	10/01/04 - 06/30/05	732						
23A Enha 24A Enha 25 Enha 26 Enha 27 Enha 28 Enha	CDAIC BURELLI Character	07/01/04 - 09/30/04							
24A Enha 25 Enha 26 Enha 27 Enha 28 Enha	anced SD/MC Published Charges	10/01/04 - 06/30/05							
25 Enhai 26 Enhai 27 Enhai 28 Enhai	anced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
26 Enha 27 Enha 28 Enha	aliced Sprinc Negotiated Rates	10/01/04 - 06/30/05							
26 Enha 27 Enha 28 Enha	anced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
7 Enhai 8 Enhai	anced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05				+			
		07/01/04 - 06/30/05							
	anced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
9 1400	<u> </u>	07/01/04 - 09/30/04	<u> </u>			:::: :::::::::::::::::::::::::::::::::	<u> </u>	<u> </u>	
9A Healti	Ithy Families Costs	10/01/04 - 06/30/05		 +		 i			
20	W. F W. G. G. H. L	07/01/04 - 09/30/04							
Healt	Ithy Families SMA Upper Limits	10/01/04 - 06/30/05							
4	Ithy Eamilias Dublished Charges	07/01/04 - 09/30/04							
11A Healti	Ithy Families Published Charges	10/01/04 - 06/30/05							
2 Health	Ithy Families Negotiated Rates	07/01/04 - 09/30/04							
2A	Transco regordeo raco	10/01/04 - 06/30/05							
3 Non-N	-Medi-Cal Costs	4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	13,031	0	220	104	6,866	589	<u>Santa da da Santa da Anta da</u>

State of California Health and Human Services Agency DETAIL COST REPORT ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 2 OF 2 FISCAL YEAR 2004 - 2005

	County: MONTEREY COUNTY County Code: 27		MHS	MHS	MHS	MHS	MHS	MHS	MHS
	Legal Entity: MONTEREY COUNTY		Н	1	J	К	i.	M	N
Lec	jal Entity Number: 00027		Service	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient Services (Progr	am 2)	Function	Function	Function	Function	Function	Function	Function
			40	30	40	50	30	40	50
1	Allocation Percentage		11.15%	1.56%	8.07%	0.06%	0.74%	43.55%	0.64
2_	Total Units		8,350	750	6,870	35	550	24,860	
3	Gross Cost	and Thanks Tarana a Grant Carl	7,608	1,063	5,508	40	505	29,719	44
4	Cost per Unit		0.91	1.42	0.80	1.14	0.92	1.20	0.9
5	SMA per Unit		2.44	2.44	2.44	2.44	2.44	2.44	2.4
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8		07/01/04 - 09/30/04				227212		2,600	1.22-1-14.2
8A	Medi-Cal Units	10/01/04 - 06/30/05	6,060	650	5,220	35	450	20,680	470
9		07/01/04 - 09/30/04	- 5,500		5,225				
9A	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05							
10		07/01/04 - 09/30/04						+	
10A	Enhanced SD/MC Units	10/01/04 - 06/30/05	i		200			100	
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05						- 100 }	
11		07/01/04 - 09/30/04							
İΤΑ	Healthy Families (SED) Units	10/01/04 - 06/30/05		 1	}		}		
12	Non-Medi-Cal Units	10/01/04 - 00/30/05	2,290	100	1,450		100	1,480	
110.11	Holmited-Oat Office	90000000000000000000000000000000000000	2,290	100	1,430		100		engasajaas
13_	Medi-Cal Costs	07/01/04 - 09/30/04		1				3,108	
13A	WIEGI-OZI OOSIG	10/01/04 - 06/30/05	5,521	921	4,185	40	413	24,722	440
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04						6,344	
14A	Wiedroai Sivin Opper Limits	10/01/04 - 06/30/05	14,786	1,586	12,737	85	1,098	50,459	1,14
15	Medi-Cal Published Charges	07/01/04 - 09/30/04							
15A	Medi-Cai Published Charges	10/01/04 - 06/30/05							
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A	Medi-Cai Negolialed Rates	10/01/04 - 06/30/05							
17		07/01/04 - 09/30/04		المتعددات	***********		********		
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05	 -			+		+	
		07/01/04 - 09/30/04					+		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05				+			
BA			+					\longrightarrow	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
9A	_ 	10/01/04 - 06/30/05				}			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04				 +		+	
20A	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	10/01/04 - 06/30/05			 	 			<u> </u>
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
1A	Elmanced SD/MC Costs	10/01/04 - 06/30/05			160			120	
22	Enhanced CDMIC CAAA Ligner Limite	07/01/04 - 09/30/04							
2A	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05			488			244	
,2	F. L. and Control D. Links of Channel	07/01/04 - 09/30/04				i			-
3A	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05							
-	F	07/01/04 - 09/30/04							
4A	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05					——		
	Enhanced SDMO (Defendance)			:					<u> </u>
	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05						\longrightarrow	
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05				+			
		07/01/04 - 06/30/05							
8	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05		**********					and an extension
9	Jacobs Familias Conto	07/01/04 - 09/30/04				1			
9A	Healthy Families Costs	10/01/04 - 06/30/05						————	
<u></u>		07/01/04 - 09/30/04						—— 	
ŎA	Healthy Families SMA Upper Limits	10/01/04 - 06/30/05							
4	Look Co. See Bubbleha Co.	07/01/04 - 09/30/04		+	+	+			
1A	Healthy Families Published Charges	10/01/04 - 06/30/05							
2		07/01/04 - 09/30/04		\longrightarrow				+	
2A	Healthy Families Negotiated Rates	10/01/04 - 06/30/05	 						
			والتجيد وتعدد		اوروود			واجتيار تندت	<u></u>
13	Non-Medi-Cal Costs	i	2,087	142	1,163		92	1,769	

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

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FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY County Code: 27

CR

	Legal Entity: MONTEREY COUNTY	Α	В	С	D	Ē	F	G
Le	.egal Entity Number: 00027		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach Services	│ Mode Total │	Function_	Function	Function	Function	Function	Function
L		<u> </u>	20 _					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units							
3	Gross Cost	14,921	14,921					
4	Cost per Unit		11:1:221:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:	<u> </u>				
5	Non-Medi-Cal Units							
6	Non-Medi-Cal Costs	14,921	14,921				<u>irtidiriybiriyybiri</u>	<u> Siste (Contractor)</u>

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

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FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY County Code: 27

CR

CR

	Legal Entity: MONTEREY COUNTY	A	В	С	D	E	F	G
Le	Legal Entity Number: 00027 Mode: 60 - Support Services		Service	Service	Service	Service	Service	Service
1			Function	Function	Function	Function	Function	Function
			30	40				
1	Allocation Percentage	100.00%	50.00%	50.00%				
2	Total Units							
3	Gross Cost	491,322	245,661	245,661				
4	Cost per Unit						<u> </u>	era era galarra dalarra da la <u>r</u>
5	Non-Medi-Cal Units (Same as Line 2)							
6	Non-Medi-Cal Costs (Same as Line 3)	491,322	245,661	245,661				<u> </u>

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

	County: MONTEREY COUNTY										7		1
	County Code: 27 Legal Entity: MONTEREY COUNTY			- B	REIMBURS	EMENT TYPE	PC E	F	Costs	Н	 	Costs	- K
Lec	al Entity Number: 00027				<u> </u>		Total	1		<u> </u>	Total		Total
				Mode 55		Total	Inpatient	↓		1 11 15	Outpatient	10.00	Outpatient
					J	MAA	Mode 05 Hospital	Mode 05	1	Mode 15 Outpatient	Exclude Program (2)	Mode 15 Outpatient	(Col 1 + Col. J)
				S. F.'s 11-19,			Inpatient	Other 24 Hour	Mode 10	Services	1	Services	
-		T	S. F.'s 01-09	31-39	S. F. s 21-29	 	Services	Services	Day Services	Program (1)		Program (2)	·
1 1 0	Medi-Cal Costs	07/01/04 - 09/30/04 10/01/04 - 06/30/05	(1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				 -		211.202 706.768		1.572.103 10.455,984	3,108 51,826	1,575,212 10,507,810
1A 2	Medi-Cal SMA	07/01/04 - 09/30/04					1	+	201.679		1.582.937		1,589,281
2A	Medi-Cal SMA	10/01/04 - 06/30/05							677,846	9,896,653	10,574,499	115,100	10.689.598
3	Medi-Cal P. C.	07/01/04 - 09/30/04 10/01/04 - 06/30/05						 	201.679		1,582,937	111111111111111111111111111111111111111	1.582.937
3A		07/01/04 - 09/30/04					1	 	677,846	9,896,653	10,574,499		10,574,499
4A	Medi-Cal N. R.	10/01/04 - 06/30/05											
5		07/01/04 - 09/30/04					**************************************	1 17. 1 1 1 1 1 1 1 1 1	211.202	1.360.901	1.572.103	3,108	1.575,212
5A	Medi-Cal Gross Reimbursement	10/01/04 - 06/30/05							706,768	9,749,215		51,826	10,507,810
6	Medicare/Medi-Cal Crossover Cost	07/01/04 - 09/30/04									1,1,1,1,1,1,1,1,1,1,1	1-1-1-1-1-1-1-1-1-1-1	<u> </u>
6A	Medicare/Medi-Cal Crossover Cost	10/01/04 - 06/30/05								297,038	297,038		297,038
7 7A	Medicare/Medi-Cal Crossover SMA	07/01/04 - 09/30/04 10/01/04 - 06/30/05					 					 	
8		07/01/04 - 09/30/04					 	 	-	301,376	301,376	trate Property to to to to to	301,376
8A	Medicare/Medi-Cal Crossover P. C.	10/01/04 - 06/30/05	<u> La din di fil</u>							301,376	301,376		301.376
9	Medicare/Medi-Cal Crossover N. R.	07/01/04 - 09/30/04											
9A		10/01/04 - 06/30/05							<u></u>	<u> </u>	<u> </u>		Distriction des la constant ant de la constant d
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/04 - 09/30/04					1			207.000	007.5=		
10A		10/01/04 - 06/30/05							**********	297.038	297,038		297.038
11	Total SD/MC + Crossover Gross Reim.	07/01/04 - 09/30/04	(_	 	211,202	1,360,901	1,572,103	3,108	1.575,212
11A		10/01/04 - 06/30/05						*********	706.768	10.046.254	10.753,022	51,826	10,804,848
12	Enhanced SD/MC (Children) Cost	07/01/04 - 09/30/04 10/01/04 - 06/30/05					! ———					260	
12A 13		07/01/04 - 09/30/04					1			63.337	63,337	280	63,616
13A	Enhanced SD/MC (Children) SMA	10/01/04 - 06/30/05		0.000000000						64.298	64,298	732	65.030
14	Enhanced SD/MC (Children) P. C.	07/01/04 - 09/30/04											
14A		10/01/04 - 06/30/05 07/01/04 - 09/30/04					 	}		64,298	6 <u>4,298</u>		64.298
15 15A	Enhanced SD/MC (Children) N. R.	10/01/04 - 06/30/05					 						
16		07/01/04 - 09/30/04					1,50,00,00	1,155,15,15,15	TATE OF THE PARTY	<u> </u>	<u>,</u>	3333333333333	<u> </u>
16A	Enhanced SD/MC (Children) Gross Reim.	10/01/04 - 06/30/05	Establish in							63,337	63,337	280	63,616
17	Enhanced SD/MC (Refugees) Cost	07/01/04 - 06/30/05					100000000000000000000000000000000000000			<u>. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.</u>	<u> Pagarana arang</u>		<u> </u>
18	Enhanced SD/MC (Refugees) SMA	07/01/04 - 06/30/05											
19		07/01/04 - 06/30/05											
20	gradation grada na tuda na pag <u>iga</u> panana na fatan <u>a</u>ta na hana G ananani	07/01/04 - 06/30/05					** <u>****</u> ****	*** <u>**********************************</u>	<u> </u>	<u></u>	. Tigger - energy en		<u> </u>
21		07/01/04 - 09/30/04							211.202	1,360,901	1,572,103	3,108	1.575,212
21A	(Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	10/01/04 - 06/30/05 07/01/04 - 06/30/05					 		706,768	10,109,590	10.816,359	52,106	10,868,465
		2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	 								<u> </u>	2.000.000.000	عجيرية عوده
23 23A	Healthy Families Cost	07/01/04 - 09/30/04 10/01/04 - 06/30/05							40.748	4,504 226,333	4,504 267,081	L	4,504 267,081
24	11hiF	07/01/04 - 09/30/04					 		40.740	4.575	4,575		4.575
24A	Healthy Families SMA	10/01/04 - 06/30/05							40.876	229.788	270,663		270,663
25	Healthy Families P. C.	07/01/04 - 09/30/04							40.070	4,575	4,575		4,575
26 26		07/01/04 - 06/30/05 07/01/04 - 09/30/04						 	40.876	229.788	270,663		270,663
26A	Healthy Families N. R.	10/01/04 - 06/30/05											
27		07/01/04 - 09/30/04						····		4.504	4.504		4,504
27A	nearing ramines cross Rein.	10/01/04 - 06/30/05							40.748	226,333	267.081		267.081
	Less: Patient and Other Payor Revenue												
28		07/01/04 - 09/30/04 10/01/04 - 06/30/05					ļ	L		34,076	24.070		- 44 8
28A 29	Enhanced SDIMC (Children) Revenue	10/01/04 - 00/30/05					 	 		34,U/6	34.076		34.076
29 30	Enhanced SDIMC (Children) Revenue Enhanced SDIMC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average) Revenue - MAA			200.0	00%								
												* ****	
35	Net Due - SD/MC for Direct Services	07/01/04 - 09/30/04 10/01/04 - 06/30/05				inggalagaan	 	 	211,202	1,360,901	1,572,103	3,108	1,575,212
35A	Net Due - Enhanced SD/MC (Refugees)	TOUR (104 - 00/30/02						 	706,768	10,015,514	10,762,283	52,106	10,834,389
37	Not Due Healthy Esmilies	07/01/04 - 09/30/04								4,504	4.504		4.504
37A		10/01/04 - 06/30/05							40,748	226,333	267,081		267.081
	Amount Negotiated Rates Exceed Costs												
38		07/01/04 - 09/30/04											
38A 39	Enhanced SD/MC (Refugees)	10/01/04 - 06/30/05							-			<u> </u>	
40	Hoelthy Esmiller	07/01/04 - 09/30/04											
40A	recomy rannies	10/01/04 - 06/30/05										<u> </u>	

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY
County Code: 27

Legal Entity: MONTEREY COUNTY		A	В	C	D	E	F	G	Н	1	J
Legal Entity Number: 00027		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	'Variable %	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County	Only)										
1 County SD/MC Direct Service Gross Reimburse	ment			12,443,676	12,443,676						
2 Contract Providers Medi-Cal Direct Service Gro	ss Reimbursement		996,678	7,929,096	8,925,774						
3 Total Medi-Cal Direct Service Gross Reimburse	ment				21,369,450						
4 Medi-Cal Administrative Reimbursement Limit					3,205,418						
5 Medi-Cal Administration					2,795,910						
6 Medi-Cal Administrative Reimbursement					2,795,910	1,397,955					1,397,955
Healthy Families Administrative Reimbursement	Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross R				271.586	271,586						
7A Contract Providers Healthy Families Direct Servi				51,258	51,258						
7B Total Healthy Families Direct Service Gross Rei					322,844						
8 Healthy Families Administrative Reimbursement					32,284						
9 Healthy Families Administration					61,021						
10 Healthy Families Administrative Reimbursement					32,284				20,985		20,985
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09	3										
12 Medi-Cal Admin. Activities Svc Functions 11 - 19	9, 31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29	(County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				267,599					200,699	200,699
15 Other SD/MC Utilization Review (County Only)					26,010	13,005					13,005
16 CDMC Not Beington	07/01/04 - 09/30/04			1,575,212	1,575,212		787,606				787,606
16A SD/MC Net Reimbursement for Direct Services	10/01/04 - 06/30/05			10,770,772	10,770,772		787,000	5,385,386			5,385,386
17	07/01/04 - 09/30/04			10,770,772	10,770,172			3,303,300			3,303,300
17A Enhanced SD/MC Net Reimb. (Children)	10/01/04 - 06/30/05			63,616	63,616				41,351		41.351
18 Enhanced SD/MC Net Reimb. (Refugees)	72.7								11,551		- 41,331
19 Total SD/MC Reimbursement Before Excess FF	<u>বৰ্ণন্তু বিশ্বন্ধ নাৰ্থনাকী চৰ্ণ</u> P										7,826,002
20 Amount Negotiated Rates Exceed Costs - SD/M					*******************						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21 Total SD/MC Reimbursement (FFP)											7,826,002
22 Contract Limitation Adjustment											,,,,,,,,,,
23 Adjusted Total SD/MC Reimbursement (FFP)											7,826,002
24 Hankly Familias Not Baimburgament	07/01/04 - 09/30/04			4,504	4,504				2,928		2,928
24A Healthy Families Net Reimbursement	10/01/04 - 06/30/05		 	267.081	267,081	1			173,603		173,603
25 Total Healthy Families Reimbursement Before E				207,081	207,081				173,003		197,515
26 Amount Negotiated Rates Exceed Costs - Health					141411411111111111111111111111111111111						177,513
27 Total Healthy Families Reimbursement	.,										197,515
			<u>na tatangan ang kabupatan di kabupatan di</u>		<u> </u>	: <u> </u>			<u>againteeritas, titt</u>		17,713